



## EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES INTERNATIONAL CREDENTIALS SERVICES

3624 Market Street, 4<sup>th</sup> Floor, Philadelphia PA 19104 U.S.A.  
TELEPHONE: 215-823-2274 • FAX: 215-966-3129 • EMAIL: [ecfmngics@ecfmng.org](mailto:ecfmngics@ecfmng.org)

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### **Thank You For Your Interest In EICS**

EICS offers this Sample EICS Application Packet for your consideration. Along with this information sheet outlining the EICS verification process is a sample EICS application and EICS Application Request Form. Complete and return the request form to EICS to receive a customized EICS application for your review.

EICS is committed to offering a service that is efficient and easy to use for both the medical registration board and its physicians.

#### **What medical credentials does EICS verify?**

EICS offers primary source verification of the medical school diploma, medical school transcript, postgraduate training certificate(s), and certificate(s) of medical registration. EICS customizes the EICS application to meet the credential verification needs of the medical registration board.

#### **How will a medical registration board initiate using EICS?**

EICS can either courier the customized EICS applications or email the Word-formatted files to the medical registration board. The board controls distribution of the EICS application. The EICS application may be available through the medical registration board's website or the EICS website ([www.ecfmng.org/eics](http://www.ecfmng.org/eics)).

#### **What is the application fee? Who will pay it?**

The EICS application fee is US\$150 for verification of the final medical diploma, medical school transcript, postgraduate training certificate(s), and certificate(s) of registration. The fee is adjustable if fewer credentials need to be verified for the medical registration board (e.g., only the medical school diploma and transcript). The physician applying for registration pays this fee directly to EICS, although alternative payment plans are available. This fee was developed to cover the costs of the service, including EICS staff, forms, postage and reports.

#### **How will EICS verify the medical credentials?**

EICS will send photocopies of the credentials to be verified to the credentials' issuing institutions along with official EICS verification forms printed on security paper and photographs of the physician, to assist in identification. EICS will request that the institution official sign and seal the EICS verification form to verify the authenticity of the credentials. The official returns the completed verification forms directly to EICS for processing.

#### **How will the medical registration board receive the verifications?**

Upon receipt of verification of all medical credentials, EICS issues a final EICS Credentials Verification Report to the medical registration board. The report details the credentials verified and what official and institution verified them. Copies of the credentials along with copies of the EICS verification forms are attached to the report. If EICS has not received all verifications for a physician after 2 months (approximately 60 days), new verification requests are sent and an Interim EICS Credentials Verification Report is issued to the medical registration board. EICS reports include copies of the physician's medical credentials and completed EICS verifications.

#### **How long will it take to obtain the EICS Credentials Verification Report?**

The time frame for a final report on verification of all credentials varies depending on the institutions that EICS needs to contact. The great majority of verifications are expected to be received and processed by EICS within 4 months of initial mailing of verifications to the issuing institutions. Physicians may arrange for EICS to send verifications via courier service.



The [Name of Medical Registration Board] requires that physicians seeking medical licensure/registration who completed their medical education outside [Country] submit copies of certain documents to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS). EICS will obtain primary source verification of the authenticity of these documents from the entity that issued these documents to you. The [Name of Medical Registration Board] requires that you submit copies of the following documents to EICS for verification:

- Medical school diploma
- Medical school transcript
- Medical licensure/registration certificates in other jurisdictions
- Postgraduate training certificates

Please complete the enclosed EICS Application for Verification of Credentials and send it to EICS with the required documents, passport-sized photographs and payment of US\$150.00. Instructions for completing the application are included.

You will be notified when EICS has received and processed your completed application, documentation and fee. EICS will write to the issuing institutions listed on your application to secure primary source verification of your submitted credentials. EICS will send the institutions a copy of the document to be verified, an official EICS verification request form and a photograph signed by you to assist in identification. EICS will request that an authorized institution official complete and return the verification request form directly to EICS.

If EICS does not receive verification of a document within sixty (60) days of our request, EICS will notify you and the [Name of Medical Registration Board] regarding the documents that have not yet been verified. EICS will make a second request for verification of these documents. If EICS does not receive the confirmation form for a document within four (4) months of the initial request, EICS will notify you and the [Name of Medical Registration Board] regarding any documents we have been unable to verify.

After verification of all the required credentials has been secured, an EICS report will be sent to the [Name of Medical Registration Board]. The report will contain your name and biographic information and a list of the medical credentials that were verified. The EICS report will also include copies of the credentials that were verified.

The EICS application packet consists of the following items:

- Instructions for Completing the ECFMG International Credentials Services (EICS) Application
- ECFMG International Credentials Services (EICS) Application
- Affidavit and Release
- Authorization for Release of Information, Documents and Records

**INSTRUCTIONS FOR COMPLETING THE EDUCATIONAL COMMISSION  
FOR FOREIGN MEDICAL GRADUATES (ECFMG<sup>®</sup>)  
INTERNATIONAL CREDENTIALS SERVICES (EICS) APPLICATION**

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Please read these instructions carefully before completing the application for verification of credentials. Please type or print neatly in ink the information requested on the application. If you fail to submit all required information and documentation, processing of your application by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) shall be delayed.

**Item 1 "Name"**

Enter your full name. Your last name (surname) and generational suffix must be on line 1. Your first and middle name(s) must be on line 2. Your maiden/alternate name(s) must be on line 3.

**Item 2 "Contact Information"**

Enter the complete mailing address that EICS will use in communicating with you in writing. Include your telephone and fax numbers, and email address, if available.

**Item 3 "Identification Number"**

List any identification number assigned to you by the [Name of Medical Registration Board]. If you have previously applied to EICS, list your EICS identification number. If you have a USMLE/ECFMG Identification Number, include that number as well.

**Item 4 "Date and Place of Birth"**

Enter your date of birth in the following order: 1) day, 2) month and 3) year. Also include the city, state/province and country where you were born.

**Item 5 "Medical School(s)"**

Enter the full names, addresses and attendance dates for **all** the medical schools you attended outside of [Country]. List the medical school from which you graduated first, then any other medical schools you may have attended. You must list graduation and medical degree dates for the medical school from which you graduated and the attendance dates for all the medical schools you attended.

If you attended more than two medical schools, photocopy page 2 of the EICS application and use the photocopied page(s) as an attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

**Item 6 "Postgraduate Medical Education"**

Enter the full names, addresses and attendance dates for **all** the institutions where you obtained postgraduate medical education outside of [Country]. This includes all internships, residencies and fellowships taken after graduation from medical school. Your Specialty must be listed and Position box checked.

If you completed postgraduate medical education at more than two institutions, photocopy page 3 of the EICS application and use the photocopied page(s) as an

attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

### **Item 7 "Medical License/Registration"**

Enter the full names, addresses and licensure/registration dates for **all** jurisdictions where you obtained a license/registration to practice medicine outside of [Country]. Include permanent, limited and other special purpose licenses or registrations. You must also check the appropriate box to indicate the current status of each license/registration. If the license/registration was suspended or revoked, you must attach a separate sheet of paper and explain the reason.

If you obtained a license/registration to practice medicine in more than two jurisdictions, photocopy page 4 of the EICS application and use the photocopied page(s) as an attachment to the EICS application. Check the box on the application to indicate an additional sheet is attached.

### **Item 8 "Documentation"**

Include with your application two (2) legible and complete original language copies of the following documents:

- Medical School Diploma
- Medical School Transcript
- Postgraduate Medical Education Certificate(s)
- Medical License/Registration Certificate(s)

Photocopy reduce oversized documents to 8½ x 11 inches (216 mm x 279 mm)

|  |
|--|
| <p><b>If you have previously applied to EICS</b>, submit only those documents that were not included with your earlier application. Please contact EICS if you have any questions.</p> |
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### **ENGLISH TRANSLATIONS**

Any document not in English must be accompanied by an official word-for-word English language translation prepared and certified to be correct by a recognized translator or professional translation service. The translation must identify the translator and bear the signature of the translator and, if appropriate, the official or representative of the translation service. Documents lacking translations will not be sent for verification.

### **PHOTOGRAPHS**

In addition to the full-face photographs on the Affidavit and Authorization forms, include photographs for all credentials to be verified (one photograph per two copies of credentials). Sign your name on the back of each photograph.

### **SENDING VERIFICATIONS VIA COURIER SERVICE**

EICS verification requests are sent to verifying institutions via regular post. To arrange for EICS to send your verifications via courier service for a faster response, include pre-paid airway bills, courier service account number (Airborne Express, DHL, Federal Express, UPS) or credit card information with your application. Include a brief statement authorizing EICS to use this information for courier shipment of your verifications. EICS will courier verifications one-way unless instructed to arrange for

return shipment to EICS. Confirm with your courier that the country or region is within their service area. You are advised to confirm the current courier addresses for the designated institutions.

### **VERIFICATION FEES**

EICS may receive notification from an institution that a fee is required for completion of an EICS verification request. Payment of fees is the responsibility of the physician. EICS will notify you if a fee is required to obtain verification of your credentials.

#### **Item 9 "Fees and Payment"**

The EICS fee for verification of the medical diploma, medical school transcript, postgraduate training and medical license/registration certificates is US\$150.00.

Complete the payment information: whether a money order for US\$150.00 is enclosed or if the fee should be charged to a credit card. For a credit card payment, you must indicate the type of card (Visa, MasterCard, Discover), credit card number, expiration date and the address, name and signature of the cardholder.

**If you have previously applied to EICS**, the fee for having an EICS report issued to an additional registration board is US\$50.00. Be sure to check the appropriate boxes in Item 9 of the Application form.

#### **Affidavit and Release**

Complete the Affidavit and Release by signing your name on the first line, printing your name on the second line and dating your signature on the third line. Attach one current, full-face photograph of yourself in the designated box. Have the Affidavit and Release certified by a notary public, first-class magistrate or consular official. Be sure the official dates and signs the document and lists his or her official title.

#### **Authorization for Release of Information, Documents and Records**

Complete the Authorization by signing your name and dating your signature on the first line, printing your name on the second line and listing your date of birth on the third line. Attach one current, full-face photograph of yourself in the designated box and then sign your name across the front of the photograph.

#### **Contact Information**

Many answers to questions concerning EICS and the EICS application are available through the EICS website ([www.ecfm.org/eics](http://www.ecfm.org/eics)) or you may contact EICS at:

**Email:** [ecfmgics@ecfm.org](mailto:ecfmgics@ecfm.org)      **Phone:** (215) 823-2274      **Fax:** (215) 966-3129

##### **Postal Address**

EICS  
P.O. Box 13795  
Philadelphia PA 19101-3795  
USA

##### **Courier Address**

EICS – ECFMG  
3624 Market St, 4<sup>th</sup> Floor  
Philadelphia PA 19104  
USA



**EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG®)  
INTERNATIONAL CREDENTIALS SERVICES**

**LICENSING AUTHORITY : [NAME OF MEDICAL REGISTRATION BOARD]**

Application for Verification of Credentials

**Check if you have previously applied to EICS.** Complete application. Include EICS identification number in Item 3. See Instructions for Documentation (Item 8) and Fee (Item 9) information.

|   |   |
|---|---|
| <p><b>1. Name</b></p> <p>Enter your complete name and any maiden/alternate name.</p>  | <p>_____</p> <p>Last Name (Surname) and Generational Suffix</p> <p>_____</p> <p>First and Middle Name(s)</p> <p>_____</p> <p>Maiden/Alternate Name(s)</p>   |
| <p><b>2. Contact Information</b></p> <p>Enter your mailing address, telephone and fax numbers and email address.</p>  | <p>_____</p> <p>Street Address/Post Office Box</p> <p>_____</p> <p>Address Continued</p> <p>_____</p> <p>City <span style="float:right">State/Province</span></p> <p>_____</p> <p>Country <span style="float:right">Postal/Zip Code</span></p> <p>_____</p> <p>Telephone Number <span style="float:right">Fax Number</span></p> <p>_____</p> <p>Email Address (<b>Please type or print clearly</b>)</p> |
| <p><b>3. Identification Number(s)</b></p> <p>Enter the [Name of Medical Registration Board], USMLE/ECFMG, and EICS identification numbers, if assigned.</p> | <p>_____</p> <p>[Name of Medical Registration Board] Identification Number</p> <p>_____</p> <p>USMLE/ECFMG Identification Number</p> <p>_____</p> <p>EICS Identification Number (<b>if previously assigned</b>)</p>   |
| <p><b>4. Date and Place of Birth</b></p> <p>(Enter your date and place of birth.)</p>   | <p>_____</p> <p align="center">Day <span style="margin-left: 100px;">Month</span> <span style="margin-left: 100px;">Year</span></p> <p>_____</p> <p>City <span style="float:right">State/Province</span></p> <p>_____</p> <p>Country</p>  |

Visit the EICS website at [www.ecfmg.org/eics](http://www.ecfmg.org/eics) for information on EICS and the EICS application

**Office Use Only**  
EICS Identification No.

**5. Medical School(s)**

List **all** medical schools attended **outside of [Country]**, not just the one from which you graduated.

If you attended more than two medical schools, photocopy this page to list the additional medical schools.

You must also include legible copies of your medical diploma and medical school transcript. If the documents are not in English, you must include official English translations.

See Items 5 and 8 of attached instructions.

**Medical School of Graduation:**

\_\_\_\_\_  
Full Name of Medical School

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
Address Continued

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

\_\_\_\_\_  
Graduation Date (Month/Year)

\_\_\_\_\_  
Medical Degree Date (Month/Year)

**Other medical school(s) attended:**

\_\_\_\_\_  
Full Name of Medical School

\_\_\_\_\_  
Street Address/Post Office Box

\_\_\_\_\_  
Address Continued

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

If additional sheet(s) listing other medical schools attended are enclosed, please check:

Additional sheet(s) enclosed.

**6. Postgraduate Medical Education**

List **all** postgraduate medical education obtained after graduation from medical school, **outside of [Country]**. Include internships, residencies and fellowships.

If your postgraduate medical education was at more than two institutions, photocopy this page to list the additional institutions.

You must also include legible copies of the certificates confirming your postgraduate medical education. If the documents are not in English, you must include official English translations.

See Items 6 and 8 of attached instructions.

**Most Recent Postgraduate Medical Education:**

Full Name of Institution \_\_\_\_\_

Street Address/Post Office Box \_\_\_\_\_

Address Continued \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Specialty \_\_\_\_\_

Position Held (check one):

Intern  Resident  Registrar  Fellow

**Other Postgraduate Medical Education:**

Full Name of Institution \_\_\_\_\_

Street Address/Post Office Box \_\_\_\_\_

Address Continued \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Attended From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Specialty \_\_\_\_\_

Position Held (check one):

Intern  Resident  Registrar  Fellow

If additional sheet(s) listing other institutions are enclosed, please check:

Additional sheet(s) enclosed.

**7. Medical License/Registration**

List **all** jurisdictions where a license to practice medicine was obtained **outside of [Country]**. Include permanent, limited and other special purpose license or registration.

You must also include legible copies of your medical license/registration certificate(s). If the documents are not in English, you must include official English translations.

See Items 7 and 8 of attached instructions.

**Note: Item 7 is continued on page 5**

**Licensing/Registration Jurisdiction:**

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

License/Registration Status (check one)

Active  Inactive  Suspended  Revoked

If suspended or revoked, attach a separate sheet of paper and explain the reason.

**Other jurisdictions where a license/registration was obtained:**

Full Name of Licensing/Registration Jurisdiction

License/Registration Number

Street Address/Post Office Box

Address Continued

City

State/Province

Country

Postal/Zip Code

Telephone Number

Fax Number

License Issue Date (Month/Year)

License Expiration Date (Month/Year)

If additional sheet(s) listing other jurisdictions are enclosed, please check:

Additional sheet(s) enclosed.

|  |  |
|--|--|
| <p><b>7. Medical License/Registration</b></p> <p>Continued from page 4</p>   | <p>License/Registration Status (check one)</p> <p>Active <input type="checkbox"/> Inactive <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/></p> <p>If suspended or revoked, attach a separate sheet of paper and explain the reason.</p>   |
| <p><b>8. Documentation</b></p> <p>Include two (2) complete and legible copies of all the documents listed here.</p> <p>Documents not in English <u>must</u> include English translations. See instructions for English translation requirements.</p> | <p><b>Medical diploma</b><br/>Check if included <input type="checkbox"/></p> <p><b>Medical school transcript</b><br/>Check if included <input type="checkbox"/></p> <p><b>Medical license(s)/registration(s) obtained from jurisdictions outside [Country]</b><br/>Check if included <input type="checkbox"/></p> <p><b>Postgraduate training certificates</b><br/>Check if included <input type="checkbox"/></p> <p><b>Additional photographs that you have signed on the back</b><br/>Check if included <input type="checkbox"/></p> <p><b>NOTE:</b> Refer to instructions to arrange for verification shipment via courier service</p>  |
| <p><b>9. Fees and Payment</b></p> <p>Include money order <i>or</i> credit card information.</p> <p><b>Applications lacking payment or payment information will not be processed</b></p>  | <p>Fees for verification to: [Name of Medical Registration Board]</p> <p>EICS verification of medical diploma, medical school transcript, medical license(s) and postgraduate training <b>US\$150.00</b></p> <p><b>I have previously applied to EICS.</b> My application fee is US\$50.00</p> <p>Money Order made payable to "EICS" enclosed: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p><b>Or</b></p> <p>Credit Card to be charged: <input type="checkbox"/> US\$150.00 <input type="checkbox"/> US\$50.00</p> <p>Check Card: Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/></p> <p>Credit Card Number: _____</p> <p>Expiration Date: Month _____ Year _____</p> <p>Address of Card Holder: _____</p> <p>_____</p> <p>City / State / Country: _____</p> <p>Name of Card Holder: _____</p> <p>Signature of Card Holder: _____</p> |

|   |
|---|
| <p><b>Office Use Only</b></p> <p>EICS Identification No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
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## AFFIDAVIT AND RELEASE

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I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make on or in connection with the application are true, that I am the person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies I furnish with my application are true and correct.

I acknowledge that I have read and understand the "Instructions for Completing the EICS Application" and have answered all questions contained in the application truthfully and completely.

**I authorize every person, medical school, university, hospital, clinic, government agency or institution having custody or control of any documents, records and other information pertaining to me to furnish to the Educational Commission for Foreign Medical Graduates (ECFMG<sup>®</sup>) International Credentials Services (EICS) any such information, or true and correct copies of documents or records.**

**I hereby release, discharge and hold harmless ECFMG, the ECFMG International Credentials services, its employees, agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the ECFMG International Credentials Services to release information, material, documents, orders or the like relating to me or this application to the [Name of Medical Registration Board] at my request.**

\_\_\_\_\_  
Applicant's Signature (must be signed in the presence of  
a notary public, consular official or first class magistrate)

\_\_\_\_\_  
Applicant's printed last name, first name, middle initial,  
suffix (e.g., Jr.)

\_\_\_\_\_  
Date of signature (must correspond to date of notarization)

*Attach one current, full-  
face photo here.*

*Use tape or glue: no  
staples, please.*

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the individual and with the photograph affixed hereto, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn before me by the individual on this \_\_\_\_\_ day, in the month of \_\_\_\_\_, in the year \_\_\_\_\_.

X \_\_\_\_\_  
**Signature of Consular Official, First Class Magistrate, Notary Public (in Latin characters with English translations, where applicable.)**

\_\_\_\_\_  
**Official Title**

## AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

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I, the undersigned, hereby authorize the Educational Commission for Foreign Medical Graduates (ECFMG®) International Credentials Services (EICS) to collect, verify and maintain information and copies of documents and records for medical registration boards to which I am applying for licensure.

I request and authorize every person, medical school, university, institution, professional licensing board, hospital, clinic, government agency or other third parties and organizations and their representatives, to release information, records, diplomas, transcripts and other documents, concerning my professional education, qualifications, experience and competence, ethics, character and other information pertaining to me to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS).

I further request and authorize that the requested information, records, diplomas, transcripts and other documents be sent directly to:

ECFMG International Credentials services (EICS)  
P.O. Box 13795  
Philadelphia, PA 19101-3795  
USA

### Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) the Educational Commission for Foreign Medical Graduates (ECFMG), 2) the ECFMG International Credentials Services (EICS), its employees, agents, representatives, directors and officers; 3) other agencies, medical schools, universities, institutions, hospitals and clinics providing information, their employees, representatives, directors and officers; and 4) any third parties and organizations for any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested and received by the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services. I understand that EICS will not accept such information, records or documents forwarded by me.

**A photocopy or facsimile of this authorization shall be as valid as the original  
and shall be valid from the date signed.**

\_\_\_\_\_  
Signature Date of signature

\_\_\_\_\_  
Printed last name, first name, middle initial, suffix (e.g., Jr.)

\_\_\_\_\_  
Date of birth (day, month, year)

*Attach one current, full-face photo here. Use tape or glue; no staples or paper clips, please.*

*Sign across the bottom or top of the photo. Do not sign back.*



### EICS Application Request Form

We are interested in ECFMG<sup>®</sup> International Credentials Services (EICS) for primary source verification of international medical credentials. Please provide a customized EICS application for our review. We understand a sample EICS Credential Verification Report will be included.

We expect our medical registration board will require verification of the following credentials:

(Please check all that apply)

- Final Medical Diploma
- Medical School Transcript
- Postgraduate Training Certificates
- Certificates of Registration/Licensure

Name of medical registration board, as it should appear on EICS application materials:

\_\_\_\_\_

Estimated number of EICS applications to be distributed annually: \_\_\_\_\_

EICS may email the application materials to: \_\_\_\_\_

Email Subject Line: "EICS Materials: To the Attention of \_\_\_\_\_"

Our customized EICS application may be made available to physicians applying for medical registration with our board through the EICS website. We will notify EICS when the application materials may be posted on the EICS website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Medical Registration Board: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**This form may be returned to EICS via fax to (215) 966-3129 or mailed to:**

EICS  
P.O. Box 13795  
Philadelphia PA 19101-3795  
USA

EICS – ECFMG  
3624 Market Street, 4<sup>th</sup> Floor  
Philadelphia PA 19104  
USA